DAILY PRE-TRIP INSPECTION

| V.I.N. # (Last 4 digits) | AM | _ PM | Mileage | |
|--|------------------------|---------------|--|--|
| have personally inspected this vehicle and do hereby | certify that all items | are safe, rep | paired or replaced and meet safety standards | |
| Sianed: | Date: | | | |

| CHECKLIST | PASS | FAIL | PROBLEM / ACTION TAKEN | | |
|--|------|------|------------------------|--|--|
| WALK AROUND INSPECTION: (Set parking brake) | | | | | |
| Observe under vehicle for any leaks or obstructions | | | | | |
| Note any dents, scratches or other damage (tampering) | | | | | |
| Muffler condition and securement | | | | | |
| *Check tire pressures | | | | | |
| *Check tire treads - 2/32" rear - 4/32" front (including spare) | | | | | |
| Wheels – bent, loose or missing lug nuts & mud flaps | | | | | |
| *LIGHTS – head – turn signals – tail - brake – hazard – reverse | | | | | |
| Clearance, marker, boarding, license, interior lights & reflectors | | | | | |
| Doors – driver and entrance | | | | | |
| Adjust mirrors (ability to view rear tires as well as traffic essential) | | | | | |
| OPEN HOOD: | | | | | |
| *Check/fill with correct motor oil | | | | | |
| *Radiator overflow container level | | | | | |
| *Fluids at proper level: □ Brake □ Steering | | | | | |
| *Windshield washer fluid | | | | | |
| Battery housing and connections | | | | | |
| Visible drive belts, wires and hoses | | | | | |
| Windshield – condition and cleanliness | | | | | |
| START ENGINE: | _ | _ | | | |
| *Transmission fluid level | | | | | |
| *Gauges working | | | | | |
| *Windshield wipers and blades | | | | | |
| *Horn | | | | | |
| *Defroster | | | | | |
| □ Heater □ Air conditioner | | | | | |
| Steering wheel (no more than 2" of play in a 20" wheel) | | | | | |
| *Emergency brake stops free rolling vehicle | | | | | |
| *Wheelchair lift /cycle & locate bar for manual operation | | | | | |
| *Back up beeper | | | | | |
| *Fire extinguisher – correctly charged, dated & secured | | | | | |
| *First aid kit – proper items & replenished | | | | | |
| *Blood pathogen kit – required items | | | | | |
| *3 reflectors: complete and in red box | | | | | |
| Seats & handrails, condition and secure | | | | | |
| *Seat belts - functioning | | | | | |
| *Seat belt cutter – preferably in reach of driver | | | | | |
| *Exit windows, roof hatch functioning (open min. every 90 days) | | | | | |
| Current insurance I.D. | | | | | |
| Current registration & safety inspection sticker | | | | | |
| Vehicle free of loose objects. | | | | | |
| Overall cleanliness of vehicle | | | | | |

All bolded / asterisked * items <u>must pass</u> or vehicle should not be driven – report pre-trip daily to supervisor. Vehicle should be kept in a secure location and locked every day.

